

## **CITY OF FULSHEAR**

## **BUILDING SERVICES**

PO Box 279 / 29378 McKinnon Rd. Suite C Fulshear, Texas 77441 Phone: 281-346-8860 ~ Fax: 281-346-8237 www.fulsheartexas.gov

## **APPLICATION FOR RESIDENTIAL IRRIGATION TAP**

Date of App	olication:		-		
Subdivision	Name:				
Meter Size	(please specify):	5/8''	3/4''	1''	Other
Service Ad	dress:				
Lot:		Block:		Section	on:
Irrigation e	xisting: YES / NO				
Billing Info	ormation for Mor	thly Water Bill	l:		
Customer N	Iame:				
	dress:				
City/State/Z	Zip:				
Phone Number: Fax Number:					
Email Addr	ess:				
*APPLICANT TO ATTACH PLOT PLAN, SHOWING PROPOSED LOCATION OF BUILDING*					
received. I	understand that on	ce the meter is s	set it will remai	n locked until I h	asiness days after payment is ave the backflow prevention tention assembly tested and
<ol> <li>Severn Trent Customer Service 281-579-4500. I will be billed for the test. If the test fails, I understand that I will need to get a licensed irrigator or plumber to correct the problem.</li> <li>Hire a backflow prevention assembly certified tester and have the report sent to City of Fulshear at <a href="mailto:inspections@fulsheartexas.gov">inspections@fulsheartexas.gov</a></li> </ol>					
	ACCEPT ALL T ECORDED BY M		ONDTIONS A	ND CERTIFY 1	THAT ALL STATEMENTS
Signature		Print Name		Phone #	Date
For Office	Use Only:				
Payment Amount:			Date Received:		